

**SUMMARY CHART OF KEY CHANGES**  
**UNDER THE PERMANENT MPN REGULATIONS**

<b>SUBJECT</b>	<b>REGULATORY SECTION: 8 CCR</b>	<b>CHANGE</b>
Application: Definitions	9767.1(a)(2)	<u>Redefines “covered employee”</u> to include a former employee whose employer has ongoing workers’ compensation obligations.
Application: Definitions	9767.1(a)(6)	<u>Redefines “employer”</u> to include a group of self-insured employers and the Self-Insurer’s Security Fund.
Application: Definitions	9767.1(a)(10)	<u>Redefines “insurer”</u> to include the California Insurance Guarantee Association.
Application: Definitions	9767.1(a)(14)	<u>Defines a “MPN Contact”</u> as the person who is responsible for answering questions about the MPN and responsible for assisting the employee in arranging an Independent Medical Review.
Application: Definitions	9767.1(a)(20)	<p><u>Defines a “Regional Area Listing”</u> as a listing of <u>all</u> MPN providers within a 15-mile radius of an employee’s worksite and/or residence.</p> <p>A listing of <u>all</u> MPN providers in the county where the employee resides or works is acceptable if the employer/insurer cannot provide a listing based on radius, or by choice of the employee, employer or insurer.</p>
Application: Provider	9767.3(a)(1)-(2)	<u>Allows provider and ancillary service provider information to be submitted on a computer disk or a CD-ROM</u> in a Microsoft Excel or

Information		Access file. The files must have the following columns: 1) physician name; 2) license number; 3) taxpayer ID number; 4) specialty; and 5) physician location.
Application: Contractual Requirements	9767.3(d)(8)(C) and 9767.3(e)(16)	Applicant must <u>confirm that a contractual agreement exists to provide treatment to injured workers in the workers' compensation system and that the contract is in compliance with Labor Code section 4609.</u>
Application: Ancillary Services	9767.3(d)(8)(G)	Requires <u>an affirmation that for ancillary services outside the MPN, referrals will be made to services outside the MPN.</u>
Application: Service Area	9767.3(d)(8)(B) and 9767.3(e)(10)	Specifies that <u>the MPN geographic service area is within the State of California.</u>
Application: Coverage of Employees	9767.3(e)(15)	Requires <u>confirmation that the number of covered employees in the MPN is within the capacity of an HCO. (NEW for deemed entities.)</u>
Application: Ancillary Services	9767.3(g)	Requires HCOs to list in the MPN application <u>all ancillary services provided in the MPN.</u>
Access Standards	9767.5(a)	Requires the MPN to have <u>at least 3 physicians of each specialty expected to treat common work injuries within the access standards.</u>

Access Standards	9767.5(e)(1)	Requires the MPN to have <u>a written policy to provide non-emergency care to employees working outside the geographic service area, and to covered employees living outside the geographic service area permanently or temporarily.</u>
	9767.5(e)(2)	Requires the MPN to give <u>employees a choice of at least 3 physicians outside the MPN geographic service area</u> , either referred by the employee's MPN primary treating physician or selected by the MPN applicant.  <u>The referred physicians must be located within the access standards.</u>
	9767.5(e)(3)	
	9767.5(e)(4)	<u>The employee has the right to change physicians or get a 2<sup>nd</sup> or 3<sup>rd</sup> opinion from the referred physicians.</u>  <u>The MPN may also allow an employee outside the MPN geographic service area to choose his or her own provider for non-emergency medical care.</u>

Treatment Requirements	9767.6(b)-(c)	Requires the employer/insurer to <u>provide for</u> all treatment consistent with guidelines adopted by the Administrative Director or ACOEM.
------------------------	---------------	---

Second and Third Opinions	9767.7(b), (d)	Allows an employee to request a 2 <sup>nd</sup> or 3 <sup>rd</sup> opinion <u>orally or in writing.</u>
---------------------------	----------------	---

Second and Third Opinions	9767.7 (b), (d)	Requires a <u>Regional Area Listing of all MPN providers</u> as defined in 9767.1(a)(20), to be provided to the employee if the employee requests a 2nd or 3rd opinion.
Second and Third Opinions	9767.7(b), (d)	Requires the employer to inform the employee of the <u>right to request a copy of the medical records</u> sent to the second or third opinion physician.
Second and Third Opinions	9767.7(g)	Gives the employee <u>the choice of any MPN physician to provide the recommended treatment</u> by the second or third opinion doctor.

Material Modifications	9767.8(a)	Requires all material modification notices to include <u>an original signature, necessary documentation of the modification and a complete copy</u> of all documents submitted for the material modification.
Material Modifications	9767.8(a)(1)	Requires a material modification notice must be submitted if there is a change in <u>10% or more in the number or specialty of network providers</u> since the last MPN plan approval or approved modification.
Material Modifications	9767.8(a)(2)	Requires a material modification notice to be submitted if there is a change of <u>25% or more in the number of covered employees</u> since the last MPN plan approval or approved modification.

Material Modifications	9767.8(a)(4)	Requires a material modification notice to be submitted if there is a material <u>change in the transfer of care policy</u> .
Material Modifications	9767.8(a)(9)	Requires a material modification notice to be submitted if there is a material <u>change in any of the employee notification materials</u> .
Material Modification Re-evaluations	9767.8(e)-(g)	<p>Replaces the term “reconsideration” with “re-evaluation” by the Administrative Director (“AD”).</p> <p>Requires a <u>written request for re-evaluation to be submitted within 20 days of the issuance of the Notice of Disapproval, with a detailed statement explaining the basis for re-evaluation, and relevant, supportive documents</u> (excluding the MPN application and modification at issue) <u>verified under penalty of perjury</u>.</p> <p>Requires <u>the AD to respond within 45 days of receipt of the request to issue a decision/order either affirming or modifying the Notice of Disapproval or revoking the disapproval and issuing an approval</u>.</p> <p>The AD <u>may extend for 30 days the decision deadline</u> and may require additional information from the requestor.</p> <p><u>Within 20 days of the issuance of the AD’s decision/order, the AD’s decision may be appealed by filing a petition with a Declaration of Readiness to Proceed (“DOR”)</u> at the WCAB district office closest to the MPN Applicant’s principal place of business. A copy of the petition and the DOR shall be <u>concurrently served on the AD</u>.</p>

Transfer of Care	9767.9(b)	Allows an employee's physician to make <u>referrals to providers either inside or outside the MPN</u> , before the employee's transfer into the MPN.
Transfer of Care	9767.9(e)(1)	Redefines an "acute condition" as having a duration of <u>less than 90 days</u> .
Transfer of Care	9767.9(e)(2)	Redefines the one-year period for completion of treatment for a "serious chronic condition" as starting from the <u>date that the employee receives notification of the condition</u> .
Transfer of Care	9767.9(f)	Requires the employer to give notice to the employee of the decision to transfer an employee into the MPN. Requires the notice of transfer to be in <u>layperson's terms</u> and <u>written in both English and Spanish</u> .
Transfer of Care	9767.9(g)	If an employee dispute the employer's transfer determination, the <u>treating physician is required to provide a report to the employee within 20 calendar days of the request or the employer's determination applies</u> .

Continuity of Care	9767.10(b)	<u>Redefines an "acute condition" as having a duration of less than 90 days</u> .
Continuity of Care	9767.10(c)	<u>Redefines "an extended period of time" in the definition of a "serious chronic condition" to mean a duration of at least 90 days</u> .

<p>Continuity of Care</p>	<p>9767.10(d)</p>	<p>Requires the Continuity of Care policy to include <u>a dispute resolution procedure</u> that includes the following information:</p>
	<p>9767.10(d)(1)</p>	<p>Requires the employer to give notice to the employee of the decision to require an employee to select a new provider to replace a terminated provider from the MPN. Requires the notice be written in <u>layperson's terms</u> and <u>written in English and Spanish</u>.</p>
	<p>9767.10(d)(2)</p>	<p>Requires <u>the employee to request a report from his/her primary treating physician addressing whether the employee falls under the medical conditions set forth in Labor Code section 4616.2(d)(3)</u>, if the terminated provider agrees to continue treating an employee into the MPN and the employee disputes the employer's medical determination.</p> <p>Requires the <u>treating physician to provide the report to the covered employee within 20 calendar days of the request or the employer's determination applies</u>.</p>
	<p>9767.10(d)(3)</p>	<p>Requires <u>a dispute over the continuity of care to be resolved under Labor Code Section 4062</u> if the employer, insurer or employee objects to the treating physician's medical determination of the employee's medical condition.</p>
	<p>9767.10(d)(4)</p>	<p>Requires <u>the employee to choose a new MPN provider during the dispute resolution process, if the treating physician agrees with the employer's determination</u>.</p>
	<p>9767.10(d)(5)</p>	<p>Allows the <u>employee to continue treating with the terminated provider until the dispute is resolved, if the treating physician disagrees with the employer's determination</u>.</p>

Employee Notification	9767.12(a)	Requires the employer/insurer to give <u>30 days notice to each covered employee prior to the implementation of a MPN.</u>
Employee Notification	9767.12(a)(1)	Requires the employee notification to describe <u>how to access the MPN contact.</u>
Employee Notification	9767.12(a)(1)	Requires the employee notification to <u>include a toll-free number</u> if the MPN's geographic service area covers more than one area code.
Employee Notification	9767.12(a)(3)	Requires <u>a complete provider listing to be made available in writing</u> to covered employees. A regional area listing as defined in 9767.1(a)(20), can also be provided to employees.
Employee Notification	9767.12(a)(3)	Requires the <u>URL to be listed</u> if the MPN provider directory is accessible on a website.
Employee Notification	9767.12(a)(4)	Require the employee notification to <u>state the access standards</u> under 9767.5.
Employee Notification	9767.12(a)(5)	Requires the notification to <u>explain how to access treatment if the employee is traveling for work outside the service area, or if the employee is living outside the service area permanently or temporarily during recovery.</u>
Employee	9767.12(a)(9)	Requires the notification to describe <u>how to access a specialist within or</u>

Notification		<u>outside of the MPN if necessary.</u>
Employee Notification	9767.12(a)(13)-(14)	Requires the employee notification to include a description of the transfer of care policy, a description of the continuity of care policy, <u>and that a copy of each policy shall be provided upon request.</u>

Denial of Approval/ Re-evaluation	9767.13(c)	<p><u>Replaces the term “reconsideration” with “re-evaluation” by the Administrative Director (“AD”).</u></p> <p><u>Requires a written request for re-evaluation to be submitted within 20 days of the issuance of the Notice of Disapproval, with a detailed statement explaining the basis for re-evaluation, and relevant, supportive, documents (excluding the MPN application at issue) verified under penalty of perjury.</u></p> <p><u>Requires the AD to respond within 45 days of receipt of the request to issue a decision/order either affirming or modifying the Notice of Disapproval or revoking the disapproval and issuing an approval.</u></p> <p><u>The AD may extend for 30 days the decision deadline and may require additional information from the requestor.</u></p> <p><u>Within 20 days of the issuance of the AD’s decision/order, the AD’s decision may be appealed by filing a petition with a Declaration of Readiness to Proceed (“DOR”) at the WCAB district office closest to the MPN Applicant’s principal place of business. A copy of the petition and the DOR shall be concurrently served on the AD.</u></p>
-----------------------------------	------------	---

Suspension and Revocation	9767.14(b)	If the Administrative Director (“AD”) determines that deficiencies have not been cured, she or he shall <u>issue a Notice of Action by U.S. mail to the MPN applicant that specifies the time period in which the suspension or revocation is effective.</u>
	9767.14(c)	Requires a <u>written request for re-evaluation to be submitted within 20 days of the issuance of the suspension/revocation, with a detailed statement explaining the basis for re-evaluation, and relevant, supportive, documents (excluding the MPN application at issue) verified under penalty of perjury.</u>
	9767.14(d)	Requires <u>the AD to respond within 45 days of receipt of the request to issue a decision/order either affirming or modifying the Notice of Action or revoking the notice.</u>
	9767.14(e)	The AD <u>may extend for 30 days the decision deadline</u> and may require additional information from the requestor.
	9767.14(f)	<u>Within 20 days of the issuance of the AD’s decision/order, the AD’s decision may be appealed by filing a petition with a Declaration of Readiness to Proceed (“DOR”) at the WCAB district office closest to the MPN Applicant’s principal place of business. A copy of the petition and the DOR shall be concurrently served on the AD.</u>

Compliance with Permanent Regulations	9767.15	Requires the <u>employer or insurer to verify compliance with the MPN permanent regulations with the submission of a Notice of Material Modification</u> of a MPN approved under the emergency MPN regulations.
---------------------------------------	---------	---

